

Highlights:

- Since 1997, Family PACT has provided family planning and reproductive health services at no cost to California's indigent, low-income, and working poor women and men.
- Two-thirds of all births in California occur among an estimated 2.34 million low-income women of reproductive age who are in need of publicly funded family planning services.
- In 1999, California applied for and received a federal Medicaid waiver to obtain reimbursement for Family PACT – 90% of the program is supported with federal funds.
- The Family PACT Program includes a number of model features intended to increase access to and quality of comprehensive reproductive health services.
- Since its inception, Family PACT has increased the number of clients served, reduced unintended pregnancies, and in the first year, contributed to a savings of \$4.48 in public expenditures for every dollar spent on the program.
- In fiscal year 02/03, 1.57 million clients were served by Family PACT at a cost of \$414 million.

Fact Sheet On

Family PACT: An Overview

Background

Half of the 900,000 pregnancies in California each year are unintended.¹ Low-income women (at or below twice the Federal Poverty Level) represent 38% of California's women of reproductive age, but account for nearly two-thirds of births in the state.^{2,3} Of 2.34 million women in need of publicly supported family planning services, an estimated 23% receive them through Medi-Cal, California's Medicaid program.⁴ However, a substantial proportion of women cannot access or do not qualify for this coverage; an additional 51% received services through the Family PACT Program in fiscal year (FY) 02/03.⁵

Family PACT Program

California's Family PACT Program provides clinical services for family planning and reproductive health at no cost to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level,⁶ and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Health Services, Office of Family Planning.

Family PACT was established by the California legislature in 1996 and implementation began in January 1997. The program includes five key objectives:

1. To reduce the rate of unintended pregnancies
2. To increase access to publicly funded family planning for low-income Californians
3. To increase the use of effective contraceptive methods by clients
4. To promote improved reproductive health
5. To reduce the overall number and cost of unintended pregnancies

Initially funded by the state, California received a federal Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) Medicaid Section 1115 Waiver in 1999, enabling the program to receive 90% federal reimbursement. In FY 02/03, expenditure for the program was \$414 million.

Program Impact

Family PACT is achieving all five of its objectives by improving access to reproductive health services, reducing rates of unintended pregnancy and abortion, and saving millions of dollars in public expenditures.

- **Family PACT serves growing numbers of clients each year, and its provider base continues to expand.** From FY 97/98 to 02/03, the number of women and men receiving Family PACT services more than doubled (from 0.75 million to 1.57 million); the number of rendering clinician providers increased by nearly 50% (from 1,945 to 2,835).
- **Special populations, such as adolescents and men, are increasingly receiving Family PACT services.** The number of adolescents served by Family PACT has more than doubled (from 150,000 in FY 97/98 to nearly 307,000 in FY 02/03), and male participation in the program has increased more than seven-fold (from 28,000 in FY 97/98 to 203,500 in FY 02/03).
- **Clients receive a diverse array of reproductive health services.** In FY 02/03, 71% of Family PACT clients received a contraceptive method, 62% received tests for one or more sexually transmitted infections (STIs), and 2.3% received fertility evaluation services. Among female clients, 55% were tested for pregnancy and 52% received at least one Pap smear.

- **Family PACT is reducing unmet need for reproductive health services.** Of the estimated 2.34 million women in need of publicly funded family planning services in FY 02/03, 51% were served by Family PACT, more than double the 22% served by the predecessor program in FY 95/96. With an estimated 23% served by Medi-Cal, unmet need has been reduced to about 26%.
- **Unintended pregnancy has decreased substantially under Family PACT.** The contraceptive services provided in the program's first year alone averted an estimated 108,000 unintended pregnancies. These pregnancies would have resulted in 50,000 unintended births, 41,000 induced abortions, 15,000 miscarriages, and 1,400 ectopic pregnancies.⁷
- **Family PACT saves money.** In its first year, Family PACT cost \$114.4 million, but the 108,000 pregnancies prevented during this time would have cost more than \$512 million in public expenditures. Cost-benefit analysis indicates that every dollar spent on Family PACT services saved an estimated \$4.48 in medical and social services costs.

Special Features

Family PACT represents an innovative approach to expanding access to family planning services, and includes a number of model features:

- **Broad client eligibility criteria:** Eligibility is based on income (200% of the Federal Poverty Level) for all California residents who lack another source of care.
- **Immediate on-site enrollment:** Eligibility determination and enrollment in the Family PACT Program occur on-site during a client's first clinical visit, eliminating the need for multiple visits to different locations to enroll and enabling immediate access to services.
- **Public-private partnership:** The Family PACT provider network includes both public/non-profit and private providers, increasing the quantity and choice of providers for clients. Each year since program initiation there has been an increase in the number of both types of providers serving eligible women and men.
- **Pharmacy distribution sites:** Over-the-counter and prescription drugs are available at both clinics and pharmacies, increasing the accessibility of contraceptive supplies for clients.
- **Fee-for-service reimbursement:** Family PACT is a fee-for-service program that reimburses participating providers for all covered family planning services rendered to enrolled clients.

- **Comprehensive family planning services:** Family PACT offers a three-part package of benefits for reproductive health care that includes:
 1. Initiation and management of all methods of contraception, including emergency contraception and male/female sterilization;
 2. Clinical and preventive services to maintain reproductive health, such as testing and treatment for STIs, breast, cervical and prostate cancer screening, and periodic physical exams;
 3. Individual reproductive health education and counseling.
- **Services for males:** Family PACT eligibility criteria and services for men are comparable to those for women except for appropriate gender differences. Additionally, direct marketing to men and provider training on male issues in clinical practice aim to increase the quantity of male clients as well as the quality of services they receive.
- **Services for adolescents:** Eligibility for adolescents is not based on parental income or insurance coverage, and parental consent is not required. All services received by adolescents through Family PACT are confidential.
- **Program standards:** Clinical care standards have been established to address informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, education, and counseling to ensure high quality of care.

Conclusion

California's population is expected to grow by 53% over the next four decades, from approximately 34 million to nearly 52 million.⁸ With more than one-third of California's non-elderly population uninsured,⁹ and high unintended birth rates, the need for publicly funded reproductive health services persists among low-income women and men. The Family PACT Program offers an innovative approach to filling this critical gap in health care, and has made substantial progress in reducing unmet need for family planning care to about 26%. Special features of the program, such as broad client eligibility criteria, on-site enrollment, and inclusion of private providers and pharmacies have improved access to and quality of services. As a result, Family PACT has achieved a reduction in unintended pregnancy and saved millions of dollars in public expenses. The provision of high-quality comprehensive reproductive health services to those in need of them continues to be an important investment in California's future.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

1 The Alan Guttmacher Institute. Contraception Counts: California. 2004. Available at: http://www.guttmacher.org/pubs/state_data/states/california.html. Accessed July 2, 2004.

2 State of California, Department of Finance, Demographic Research Unit. CPS 1997 age by sex by poverty level of persons 15-44. Sacramento, CA, September 29, 1999.

3 Braveman P, Egerter S, Marchi K. The Prevalence of Low Income among Childbearing Women in California: Implications for the Private and Public Sectors. *Am J Public Health*. 1999;89:868-874.

4 Greene D, Bley J, Mikanda J, Darney P, Stewart F. 2003. Access to Family Planning Services in the Era of Welfare Reform ~ Impact of the California Program. Paper presented at the Annual Meeting of the Population Association of America. Minneapolis, MN May 1-3.

5 Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data, and the Family PACT Program Report. Unpublished report 2004.

6 For a family unit of one, 200% of the Federal Poverty Level is \$18,620, increasing by \$6,360 for each additional person.

7 Brindis C, Darney P. *Family PACT Program Evaluation Report*. A report to the State of California, Department of Health Services, Office of Family Planning, 2000.

8 State of California, Department of Finance, *Population Projections by Race/Ethnicity for California and Its Counties 2000-2050*, Sacramento, California, May 2004.

9 Families USA. *One in Three: Non-Elderly Americans without Health Insurance, 2002-2003*. Washington, DC; 2004. Available at: <http://www.familiesusa.org>. Accessed July 9, 2004.